



#444192 WEMMH PTO/SB/21 (09-06)

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# TRANSMITTAL FORM

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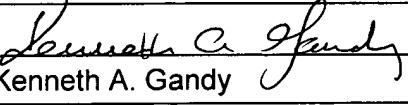
|  |    |                        |                  |
|--|----|------------------------|------------------|
|  |    | Application Number     | 09/849,044       |
|  |    | Filing Date            | May 4, 2001      |
|  |    | First Named Inventor   | Dusan Pavcnik    |
|  |    | Art Unit               | 3738             |
|  |    | Examiner Name          | Alvin J. Stewart |
| Total Number of Pages in this Submission | 26 | Attorney Docket Number | 3006-1658        |

**ENCLOSURES (check all that apply)**

|   |   |  |                          |
|---|---|--|--------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached Credit Card Payment Form<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request (2 mo.)<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Documents<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request for a Pre-Appeal Brief Review (4 pages); Copy of 9/11/2006 Response to Office Action (17 pages) |                          |
|   |   |  | <input type="checkbox"/> |

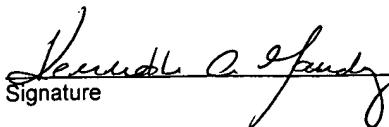
Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Woodard, Emhardt, Moriarty, McNett & Henry LLP                                      |          |        |
| Signature    |  |          |        |
| Printed Name | Kenneth A. Gandy  |          |        |
| Date         | March 5, 2007   | Reg. No. | 33,386 |

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Kenneth A. Gandy  
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March 5, 2007  
Date

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|   |            |                          |                  |
|---|------------|--------------------------|------------------|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |            | <i>Complete if Known</i> |                  |
|   |            | Application Number       | 09/849,044       |
|   |            | Filing Date              | May 4, 2001      |
|   |            | First Named Inventor     | Dusan Pavcnik    |
|   |            | Examiner Name            | Alvin J. Stewart |
| Applicant claims small entity status. See 37 CFR 1.27                   |            | Art Unit                 | 3738             |
| AMOUNT OF PAYMENT   | (\$950.00) | Attorney Docket No.      | 3006-1658        |

**METHOD OF PAYMENT (check all that apply)**

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|   |   |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)<br>under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments.                      |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |                |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |                |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |                |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |                |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |                |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |                |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
Each independent claim over 3 (including Reissues)  
Multiple dependent claims

| Fee (\$) | Small Entity |
|----------|--------------|
| 50       | 25           |
| 200      | 100          |
| 360      | 180          |

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
-20 or HP      =-20      x      =0

| Multiple Dependent Claims |               |
|---------------------------|---------------|
| Fee (\$)                  | Fee Paid (\$) |
| x                         | =0            |

HP = highest number of total claims paid for, if greater than 20

Independent Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
-3 or HP      =-3      x      =0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| -100         | =            | /50 = (round up to a whole number)               | x        | 0             |

**4. OTHER FEE(S)**

Petition for Extension of Time (2 month)

Notice of Appeal

|               |
|---------------|
| Fee Paid (\$) |
| 450.00        |
| 500.00        |

**SUBMITTED BY**

|                   |                         |                                      |               |           |                |
|-------------------|-------------------------|--------------------------------------|---------------|-----------|----------------|
| Signature         | <i>Kenneth A. Gandy</i> | Registration No.<br>(Attorney/Agent) | 33,386        | Telephone | (317) 634-3456 |
| Name (Print/Type) | Kenneth A. Gandy        | Date                                 | March 5, 2007 |           |                |

**CERTIFICATE OF MAILING OR TRANSMISSION**

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|-------------------|-------------------------|
| Name (Print/Type) | Kenneth A. Gandy        |
| Signature         | <i>Kenneth A. Gandy</i> |
| Date              | March 5, 2007           |